Welcome to medication initiation at PAX.

Please complete the form below and either email it to us or bring it with you to the first appointment. Fill in all information even if you have provided it previously, to ensure we have accurate and up-to-date details.

1. **Child's Information:**

   Child's full name:

   Personal identity number (Personnummer):

   Address:

2. **Custodial Parent(s) Contact Information:** If you are the sole legal guardian, only your information is required. Otherwise, signatures from all legal guardians are necessary in order to proceed with medication and follow-up appointments.

Custodial Parent 1

Name:

Personal identity number (Personnummer):

Address:

Mobile phone:

Email:

Signature:

Do you consent to receiving SMS reminders from our system?

Custodial Parent 2

Name:

Personal identity number (Personnummer):

Address:

Mobile phone:

Email:

Signature:

Do you consent to receiving SMS reminders from our system?

To ensure a safe and secure initiation of medical treatment and follow-ups by a licensed child psychiatrist and specialist nurse, we require access to documentation from previous healthcare contacts – both within your region and from private providers.
Please confirm below that PAX Clinic is allowed to access these medical records as part of our treatment process.

I/We consent to the above, including access to previous medical records and the child's treatment with us:

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